



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 02 2016

Ms. Kristen Mazzaferro, President  
Brookside Assisted Living, Inc.  
49 Brookside Lane  
Brookside, Pennsylvania 15825

RE: Brookside Senior Living  
License #: 411130

Dear Ms. Mazzaferro:

As a result of the Department of Human Services' annual licensing inspection on April 19, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: Brookside Senior Living		License Number: 41113
Address: 49 Brookside Lane, Brookville, PA 15825		County: Jefferson
Administrator: Kristen Mazzaferro		Region: WEST
Legal Entity Name: Brookside Assisted Living, Inc.		<b>RECEIVED</b>
Legal Entity Address: 49 Brookside Lane, Brookville, PA 15825		
Certificate(s) of Occupancy C-2 LP 07/03/2003 Labor and Industry		MAY 10 2016 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 51	Total Daily Staff: 102	Waking Staff: 77
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 04/19/2016: Blisignani, Bob ; <i>Robinson, Bob</i>		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 50 Number of Residents Served: 47 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 13	<b>Number of Residents who:</b> Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 46 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 1	

*Thomas J. Jutney*      05.10.16

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MAY 10 2016

Page 2 of 8

Violation Report: 41113 - 04/19/2016 - Bisignani, Bob  
PCH Name: Brookside Senior Living

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1, dated 5/24/15, was not signed by the administrator until 5/26/15.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Refer to Addendum A

See Page 2A of 8

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Thomas Guthridge

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Thomas Guthridge, Administrator

Date

05.10.16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

5/23/16  
(Date)

Plan of correction implementation status as of

5/23/16  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

(Initials)

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MAY 10 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

Addendum A

1. What change was made?

There is no change that can be made to correct this specific violation.

2. Who made the change?

There is no change that can be made to correct this specific violation.

3. When the change was made?

There is no change that can be made to correct this specific violation.

4. How the change was made?

There is no change that can be made to correct this specific violation.

5. What system will be implemented to prevent reoccurrence of the same violation?

It is common practice of Brookside Administration to sign the Contract of any and all Residents prior to or on the day of admission. In this particular case, we are unsure how the oversight occurred. It appears as if the Designee on duty this day (05.24.15) neglected to sign the Contract in the absence of Administration. Upon discovering the missed Contract signature, Brookside Administrator signed and dated the Contract with the current date (05.26.15).

6. What training will be provided to staff?

Staff Persons will be instructed/reminded via MEMO that, in the absence of Administration, the Designee on duty must complete the Contract in accordance with Regulation 2600.25 (a & b, specifically).

Within 30 days of receipt of the plan of correction, the administrator or designee shall review all resident home contracts to ensure they are signed by the administrator or a designee, the resident and the payee.

RW

5/23/16

Thomas Sturdy 05.10.16

Violation Report: 41113 - 04/19/2016 - Bisignani, Bob  
PCH Name: Brookside Senior Living

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(1) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

2a. DESCRIPTION OF VIOLATION

According to the home's fire drill records, residents receiving hospice services were not evacuated to a designated meeting place away from the building or to a fire-safe area during the following fire drills:

Date	Time	# residents in the home	# residents evacuated	# residents receiving hospice services not evacuated
5/27/15	10:40 AM	41	40	1
6/30/15	3:20 PM	41	40	1
7/31/15	2:00 PM	40	36	4
9/29/15	12:55 PM	41	39	2
10/25/15	5:50 PM	39	37	2
11/4/15	1:25 PM	37	35	2

None of the residents receiving hospice services that were not evacuated during the above fire drills had certification by a physician indicating the resident was actively dying and may suffer bodily injury or a hastened death as a result of participation in the fire drill.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Refer to Addendum B

See Page 3A of 8

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Thomas Guttridge

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Thomas Guttridge, Administrator

Date 05.10.16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

5/23/16  
(Date)

Plan of correction implementation status as of

5/23/16  
(Date)

The above plan of correction was approved by

f  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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MAY 10 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

Addendum B

1. What change was made?

All Residents receiving hospice care and services are now required to participate with fire drill evacuations to designated evacuation areas.

2. Who made the change?

This change was made by Brookside Administration.

3. When the change was made?

This change was made effective immediately after date of inspection.

4. How the change was made?

Brookside Administration decided that efforts required to comply with fire drill participation exemptions for Residents receiving hospice care and services was not practical.

5. What system will be implemented to prevent reoccurrence of the same violation?

Systems to prevent reoccurrence of this violation are not applicable. Residents receiving hospice care and services are no longer exempt from fire drill participation.

6. What training will be provided to staff?

All Staff Persons have been informed of this decision and will be reminded via MEMO of this policy/procedure change.

Immediately: If the home elects not to evacuate a resident during fire drills, who is receiving hospice care and services, and is actively dying, all items set forth in 2000.20b1 through 2000.20b11 shall be met. Documentation shall be kept in each resident's record. Jm

5/23/16

John J. J. 05.10.16

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 41113 - 04/19/2016 - Bisignani, Bob  
PCH Name: Brookside Senior Living

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(4) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: During a fire drill, the one designated person at the home who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the conditions of § 2600.29a(b)(1)-(3), and notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

2a. DESCRIPTION OF VIOLATION

According to the home's fire drill records, residents receiving hospice services were not evacuated to a designated meeting place away from the building or to a fire-safe area during the following fire drills:

Date	Time	# residents in the home	# residents evacuated	# residents receiving hospice services not evacuated
5/27/15	10:40 AM	41	40	1
6/30/15	3:20 PM	41	40	1
7/31/15	2:00 PM	40	36	4
9/29/15	12:55 PM	41	39	2
10/25/15	5:50 PM	39	37	2
11/4/15	1:25 PM	37	35	2

During the above fire drills, the designated person who had knowledge of the fire drill did not notify the residents receiving hospice services of the fire drill and they are not to be evacuated.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Refer to Addendum C

Page 4A of 8

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Thomas Guthridge</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Thomas Guthridge, Administrator		05.10.16	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of	<u>5/23/16</u> (Date)	Plan of correction implementation status as of	<u>5/23/16</u> (Date)
The above plan of correction was approved by	<i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Addendum C

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MAY 10 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. What change was made?  
All Residents receiving hospice care and services are now required to participate with fire drill evacuations to designated evacuation areas.
2. Who made the change?  
This change was made by Brookside Administration.
3. When the change was made?  
This change was made effective immediately after date of inspection.
4. How the change was made?  
Brookside Administration decided that efforts required to comply with fire drill participation exemptions for Residents receiving hospice care and services was not practical.
5. What system will be implemented to prevent reoccurrence of the same violation?  
Systems to prevent reoccurrence of this violation are not applicable. Residents receiving hospice care and services are no longer exempt from fire drill participation.
6. What training will be provided to staff?  
All Staff Persons have been informed of this decision and will be reminded via MEMO of this policy/procedure change.

Immediately: If the home elects not to evacuate a resident during fire drills, who is receiving hospice care and services, and is actively dying, all items set forth in 2600.2001 through 2600.2011 shall be met. Documentation shall be kept in each resident's record.

RW  
5/23/16

James Gettely 05.10.16

MAY 10 2016

Violation Report: 41113 - 04/19/2016 - Bisignani, Bob  
 PCH Name: Brookside Senior Living

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.29a(b)(6) - If the provisions of § 2600.29a(b)(4) are not initiated, staff persons will proceed to evacuate the resident. All staff persons are to be trained to follow this evacuation procedure.

2a. DESCRIPTION OF VIOLATION

According to the home's fire drill records, residents receiving hospice services were not evacuated to a designated meeting place away from the building or to a fire-safe area during the following fire drills:

Date	Time	# residents in the home	# residents evacuated	# residents receiving hospice services not evacuated
5/27/15	10:40 AM	41	40	1
6/30/15	3:20 PM	41	40	1
7/31/15	2:00 PM	40	36	4
9/29/15	12:55 PM	41	39	2
10/25/15	5:50 PM	39	37	2
11/4/15	1:25 PM	37	35	2

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Refer to Addendum D

Page 5A of 8

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Thomas Guthridge*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Thomas Guthridge, Administrator*      Date *05.10.16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/23/16 (Date)

Plan of correction implementation status as of 5/23/16 (Date)

The above plan of correction was approved by *LG* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *fr*
- Partially Implemented - Inadequate Progress
- Not Implemented

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MAY 10 2016  
WEST REGION FIELD OFFICE  
Human Services Licensing

Addendum D

1. What change was made?  
All Residents receiving hospice care and services are now required to participate with fire drill evacuations to designated evacuation areas.
2. Who made the change?  
This change was made by Brookside Administration.
3. When the change was made?  
This change was made effective immediately after date of inspection.
4. How the change was made?  
Brookside Administration decided that efforts required to comply with fire drill participation exemptions for Residents receiving hospice care and services was not practical.
5. What system will be implemented to prevent reoccurrence of the same violation?  
Systems to prevent reoccurrence of this violation are not applicable. Residents receiving hospice care and services are no longer exempt from fire drill participation.
6. What training will be provided to staff?  
All Staff Persons have been informed of this decision and will be reminded via MEMO of this policy/procedure change.

Immediately: IF the home elects not to evacuate a resident during fire drills, who is receiving hospice care and services, and is actively dying, all items set forth in 2600.20b1 through 2600.20b11 shall be met. Documentation shall be kept in each resident's record.

*[Signature]*  
5/23/16

*[Signature]* 05.10.16

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MAY 10 2016

Page 6 of 8

Violation Report: 41113 - 04/19/2016 - Bisignani, Bob  
PCH Name: Brookside Senior Living

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION  
The was an approximate 1" gap from the window to the screen frame in each corner of the laundry room window. The window was open approximately 5".

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Refer to Addendum E

see Page 6A of 8

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Thomas Guthridge*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Thomas Guthridge, Administrator*      Date *05.10.16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/23/16</u> (Date)	Plan of correction implementation status as of <u>5/23/16</u> (Date)
The above plan of correction was approved by <u><i>LR</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>LR</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Page 6 of 8

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MAY 10 2016  
WEST REGION FIELD OFFICE  
Human Services Licensing

### Addendum E

1. What change was made?

The defective screen in the referred to window was replaced with a screen that is in good repair and securely screened (see Attachment 1).

2. Who made the change?

This change was made by Brookside Administration.

3. When the change was made?

This screen replacement was completed on 05.09.16.

4. How the change was made?

The defective screen in the referred to window was replaced with a screen that was in good repair and securely screened.

5. What system will be implemented to prevent reoccurrence of the same violation?

Currently, any maintenance related issues is reported to Brookside Administration upon discovery, typically by Staff Persons or Residents, and promptly repaired or replaced by Administration.

6. What training will be provided to staff?

Staff Persons will be reminded via MEMO to look for any potential maintenance related issues and report to Brookside Administration promptly for appropriate attention.

Jhanna Suterich 05.10.16

Violation Report: 41113 - 04/19/2016 - Bisignani, Bob  
PCH Name: Brookside Senior Living

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION  
According to staff person A, the home's administrator, residents were evacuated to the front porch of the home during the fire drill on 1/29/16 at 11:05 am. The front porch has not been designated as a fire-safe area by a fire safety expert.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Refer to Addendum F

See Page 7A of 8

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Thomas Guttridge*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Thomas Guttridge, Administrator*      Date *05.10.16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/23/16  
(Date)

Plan of correction implementation status as of 5/23/16  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

MAY 10 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

Addendum F

1. What change was made?

During fire drills, all Residents will be evacuated to the designated meeting areas away from the building.

2. Who made the change?

This change was made by Brookside Administration.

3. When the change was made?

This change was made effective immediately after date of inspection.

4. How the change was made?

Brookside Administration will monitor and advise Staff Persons during fire drills with emphasis on getting Residents to the designated meeting areas away from the building.

5. What system will be implemented to prevent reoccurrence of the same violation?

During subsequent fire drills, Brookside Administration (who are not participating in fire drills) will remind/instruct Staff Persons to assist and/or direct Residents to the designated meeting areas away from the building.

6. What training will be provided to staff?

All Staff Persons have been informed of this decision and will be reminded via MEMO of this policy/procedure. Brookside Administration will observe evacuation procedures during fire drills and advise as necessary to ensure Residents are getting to designated meeting areas away from building.

Within 30 days of receipt of the plan of correction: All residents shall be educated on the importance of evacuating to the designated meeting place away from the building during each fire drill. Residents shall also be educated on the location of the designated meeting areas, known as "Emergency rescue areas A and B." Documentation of the education shall be kept.

RW  
5/23/16

Johanna Stettin 05.10.16

Violation Report: 41113 - 04/19/2016 - Bisignani, Bob  
PCH Name: Brookside Senior Living

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed, "Lorazepam-0.5mg-Take 1 tablet by mouth daily as needed." However, the pharmacy label for the medication indicates, "Lorazepam-0.5mg-Take 1 tablet by mouth daily".

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Refer to Addendum G

See Page 8A of 8

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Thomas Guthridge*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Thomas Guthridge, Administrator</i>	Date <i>05.10.16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u><i>5/23/16</i></u> (Date)</p> <p>The above plan of correction was approved by <u><i>fr</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u><i>5/23/16</i></u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>fr</i></p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Addendum G

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MAY 10 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. What change was made?

A "Directions Changed – Refer to Chart" sticker was placed on the mislabeled unit dose packs. The "...Chart" (aka eMAR) possesses all of the required pharmacy label information including Resident's name, name of medication, date prescription was issued, prescribed dosage and instructions for administration, and name/title of prescriber.

2. Who made the change?

This change was made by Brookside Staff.

3. When the change was made?

This change was made on 04.19.16.

4. How the change was made?

After discovering that the medication's pharmacy label information did not match the eMAR, Brookside Staff adhered "Directions Changed – Refer to Chart" stickers on the mislabeled unit dose packs.

5. What system will be implemented to prevent reoccurrence of the same violation?

A system is currently in place to monitor for discrepancies between pharmacy labels and MAR's/TAR's. This system, to be performed by designated Brookside Staff, includes regular audits of MAR's/TAR's to medications/treatments for accuracy and availability (see Attachments 2 and 3). Additionally, Diamond Pharmacy will continue to conduct quarterly audits to help ensure accuracy/availability of MAR's/TAR's to medications/treatments.

6. What training will be provided to staff?

Staff Persons will be directed via MEMO to review the following:

- Brookside Policy entitled *Procedures for Safe Storage, Access, Security, Distribution and Use of Medications and Medical Equipment* (see Attachment 2).
- Brookside Policy entitled *Supplemental Medication Policies and Procedures* (see Attachment 3).

Within 30 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be re-educated on the home's medication administration procedures, including the use of "directions changed - refer to chart" stickers when medication orders are changed by the prescriber.

fw  
5/23/16

Theresa Stutzman 05.10.16